

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 944

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 662

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4953 Delor St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Daniel Tibbals

3. (b) If veteran, name war None 3. (c) Social Security No. 497-16-5892

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Crete Tibbals 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Nov. 25th 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 1 27 hr. min.

9. Birthplace Franklyn Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

MOTHER FATHER { 12. Name Unknown Tibbals  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Crete Tibbals  
(b) Address 4953 Delor St.

17. (a) Burial (b) Date thereof 1-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park  
Kriegshauser Mortuaries

18. (a) Signature of funeral director 4228 So. Kingshighway Blvd.  
(b) Address

19. (a) JAN 21 1942 (b) G. J. Medeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 14  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4953 Delor St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st  
year 1942 hour 3:50 minute A.M. M.

21. I hereby certify that I attended the deceased from 12-30 1941 to 1-20 1942  
that I last saw him alive on 1-20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 13 days

Due to Gen. arterial sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Benton Bohannon (M. D. or other) 425

Address 2607 N. Grand Date signed 1/24/42

Dr. Burton Bohannon  
2602  
150 76 3

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Edwin M. Bernest*

Licensed Embalmer No.

3024

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**